

2024-25 The Joyce Family Foundation Bursary



Get up to \$5000 toward your tuition at Confederation College. Deadline to apply is October 11, 2024

Criteria:

Full-time students entering Year One of one of the identified programs in the School of Health, Negahneewin & Community Services, and/or School of Engineering Technology, Trades and Aviation as follows:

1. School of Health, Negahneewin & Community Services
 - Practical Nursing (2years)
 - Bachelor of Science in Nursing (4 years)
 - Dental Hygiene (3 years)
 - Medical Radiation Technologist (3 years)
2. School of Engineering Technology, Trades and Aviation
 - Aerospace Manufacturing Technology (3 years)
 - Mechanical Engineering Technology (3 years)
 - Electrical Engineering Technology (3 years)
3. Student must commit to work with at least one identified mentor throughout their studies.
4. A letter of reference from an individual who is aware of the student's personal circumstances and can speak to their resilience in the face of adversity and potential for success in their post-secondary studies.
5. Preference is to be given to those who have no other avenues of funding or support in their pursuit of post-secondary education. These award will be granted after consideration of any government or other funding to which the recipient receives or is entitled to.

Eligibility:

1. To be considered, students must be a Canadian citizen, permanent resident, or a protected person.
2. Must be a resident of Canada and have graduated from a northwestern Ontario high school within the last 3 years.
3. Demonstrate financial need.

STUDENT INFORMATION

Last Name: _____ First Name: _____
Date of Birth: _____ Email: _____
Student #: _____ Program: _____ Year: ____ of: ____
Permanent Address: _____
City/Town: _____ Postal Code: _____
Citizenship: _____ Have you applied for OSAP: Yes No

MENTOR INFORMATION (must be completed) (please print)

A mentor is a person who will continuously support and assist you throughout your colleg education. Some examples are a business leader, clergy member, family member, community agency worker, current teacher or guidance counsellor

Name: _____
Address: _____ Postal Code: _____
Phone #: _____
E-mail: _____
Relationship to Applicant: _____

Budget

Students must complete the budget information below for your current study period (e.g. September to April)

Married students should indicate their total family income (after tax and other compulsory deductions) and total family expenses.

Estimated Expenses		Financial Resources/Income	
Expense	Amount	Income Source	Amount
Tuition	_____	Net Income from part-time work or work study	_____
Books	_____	Spouse's Income	_____
Residence	_____	OSAP or other government student aid	_____
Rent _____ per month	x 8 = _____	Other government income	_____
Utilities _____ per month	x 8 = _____	Parental Support	_____
Food _____ per month	x 8 = _____	RESPs	_____
Transportation	_____	Institutional Scholarships/Awards/Bursaries	_____
Personal Care	_____	Other Income (specify)	_____
Childcare	_____	Other Income (specify)	_____
Telephone/Internet _____ per month	x 8 = _____	Other Income (specify)	_____
Vehicle	_____	Total Resources	_____
Other (Specify)	_____		
Total Expenses	_____	Calculated Need	_____
		Total Expenses minus Total Resources	_____

APPLICANT'S DECLARATION AND NOTICE OF COLLECTION OF PERSONAL DATA:

I hereby declare that the information I have provided is, to the best of my knowledge correct, and I give Confederation College permission to publish my name if I am the recipient of a Confederation College administered scholarship/bursary/award.

Completion of this application form will provide the Student Finance Office with the necessary information required to assess your qualifications for a scholarship or bursary or award .

In accordance with the Freedom of Information and Protection of Privacy Act we wish to advise you that this information is being collected under the legal authority of the Colleges and Universities Act; R.S.O. 1980. C.272.S5:R.R.O. 1980. reg. 640.

I certify that I am eligible for the above scholarship/bursary/award and that all the information provided by me on this application is correct. I am aware that false information could provide grounds for rejecting this application.

Student: _____ Date: _____